

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
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TOTAL NO.	3					
TOTAL OFF.	14					
TOTAL	17					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL OFF.						
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